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REPORT OF RECEIPTS AND DISBURSEMENTS

1 OTHIN O	For An	Authorized Com	mittee		Office Use Only
1. NAME OF COMMITTEE (i	USE FEC MAII in full) OR TYPE OR I		xample:If typing, type over the lines		
FRIENDS OF SO	COTT DESJARLAIS		1 1 1 1 1 1		
ADDRESS (number	and street) POBOX 3	311			
Check if di	ously			, , , , , , , , , , , , , , , , , , , 	
reported. (A					
2. FEC IDENTIFIC	CATION NUMBER 👿	CITY 🛕		STATE	ZIP CODE ▲ STATE ▼ DISTRIC
C004640	73	3. IS THIS REPORT	X NEW (N)	OR AMEN	
4. TYPE OF RE (a) Quarterly F	,	(b) 12-Day PF	RE-Election Report for		(400)
	15 Quarterly Report (Q1) 5 Quarterly Report (Q2)		Primary (12P) Convention (12C)	X General (Special (
	per 15 Quarterly Report (Q3)	Election on	11	02 2010	in the State of
Janua	ary 31 Year-End Report (YE)	(c) 30-Day PC	DST -Election Report for	or the:	
			General (30G)	Runoff (3	Special (30S)
Termi	ination Report (TER)	Election on			in the State of
5. Covering Period	10 01	2010	through	10 13	2010
I certify that I have ex	xamined this Report and to the	-		, correct and complete.	
Type or Print Name	of Treasurer <u>GEOF</u>	RGE C. JACKSON	4		
Signature of Treasur		GEORGE C. JA		Date 1 0	20 2010
	of false, erroneous, or incomp	olete information may	subject the person si	igning this Report to the	-
Office Use Only FE5AN018					FEC FORM 3 (Revised 02/2003)